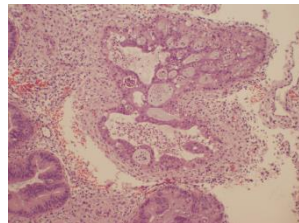


A Case Report

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Mucinous changes of the endometrium occur as a spectrum ranging from benign metaplasia to malignant adenocarcinoma with/without mucinous differentiation. Benign lesions demonstrate a simple architecture with flat epithelia but the more complex specimens are more difficult to interpret. *This raises a difficulty in predicting malignant potential of these lesions¹.*

The World Health Organisation (WHO) in 2014 classified atypical mucinous glandular proliferation (AMGP) as complex mucinous endometrial proliferation with architectural complexity that falls short of criteria for carcinoma². *The WHO recommends further investigation of AMGP lesions as they can be associated with an underlying low grade carcinoma.*

Case Report

A 36 year old G2P0 otherwise fit and well woman, presented at 8 weeks gestation with a missed miscarriage at her follow up ultrasound scan after an earlier ultrasound scan at 7 weeks displayed a slow fetal heart rate. She subsequently had a suction curettage of the uterus and recovered well.

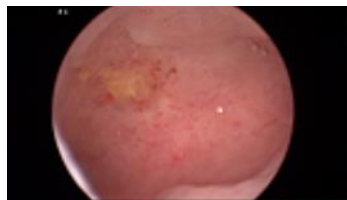
Histopathological findings demonstrated:

- products of conception with normal diploid complement
- *atypical mucinous glandular proliferation* of the endometrium

A repeat curette performed 8 weeks later confirmed that the cribriform glands with surface mucin suggestive of AMGP that had been previously noted, had resolved.

Following hysteroscopy and curettage, the patient had a normal period and conceived spontaneously the following cycle. She is currently 14 weeks gestation with no complications and normal ultrasound scans.

A further hysteroscopy and endometrial biopsy will be arranged postnatally and the placenta will be sent for histopathology



Discussion

It is important not to dismiss AMGP as benign because of its association with carcinoma.

A recent retrospective case study of 41 cases (mostly menopausal women) with AMGP found that it led to a hysterectomy in 71% of cases. Of those hysterectomy samples, 83% had residual AMGP OR adenocarcinoma of the uterus³.

Unfortunately the literature notes that in such case morphology alone does not optimally sub stratify into clinically relevant subgroups.

The case above is unique as it occurred in the pre-menopausal woman and creates questions of further management, particularly surrounding fertility preservation and surveillance.

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